FORM DE6 Mail
Wail Processing
Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FEB 0 1 2008

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

Washington, DC 106 NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC	C USE OI	Ν̈́LΥ
Prefix		Serial
DA	TE RECEIV	ED

	mendment and name has changed, and indicate change.)	
Private Placement of Convertible Prom		
Filing Under (Check box(es) that apply): Type of Filing: New Filing Amer	Rule 504 Rule 505 Rule 506 Section 4(6)	O D ULOE
Type of Fining.	nuncin	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about th	e issuer	
Name of Issuer (check if this is an amer	idment and name has changed, and indicate change.)	THE PART HAND TH
Artimi Inc.		08023739
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
59 Washington Street, Suite 118, Santa		(650) 348-0288
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
connectivity based on WiMedia-based (ductors, software and reference designs for consume Certified Wireless USB, next-generation Bluetooth at	er electronics devices delivering wireless nd WiMedia Link Laper Contil 1967 (MLP)
Type of Business Organization corporation business trust	limited partnership, already formed other (please specify): FEB 0 6 2008
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization:	Month Year Organization: 0 5 0 4	
GENERAL INSTRUCTIONS	=	
Federal: Who Must File: All issuers making an offering 77d(6).	of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on the earli-	r than 15 days after the first sale of securities in the offering er of the date it is received by the SEC at the address given b United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange	Commission, 450 Fifth Street, N.W., Washington, D.C. 20	3549.
Copies Required: Five (5) copies of this notice photocopies of the manually signed copy or be	ce must be filed with the SEC, one of which must be manual ear typed or printed signatures.	ly signed. Any copies not manually signed must be
	ntain all information requested. Amendments need only repoint any material changes from the information previously supp	
Filing Fee: There is no federal filing fee.		
ULOE and that have adopted this form. Issuare to be, or have been made. If a state requ	on the Uniform Limited Offering Exemption (ULOE) for such street relying on ULOE must file a separate notice with the sires the payment of a fee as a precondition to the claim for filed in the appropriate states in accordance with state law.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	quested for the fo	llowing:			
 Each promoter of t 	he issuer, if the is	suer has been organized w	vithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer
 Each executive off 	icer and director o	I corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
		of partnership issuers.			
*		· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Giuseppe Zocco	f individual)				
Business or Residence Addre Index Ventures, 2 Rue de	•	Street, City, State, Zip C H-1207 Geneva, Swit			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				· -
Hermann Hauser					
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
c/o Amadeus Capital Part	ners Ltd., Moun	t Pleasant House, 2 M	ount Pleasant, Hunting	iton Road, Cam	bridge CB3 0RN, United Kingdom
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Kaj-Erik Relander	f individual)			••	
Business or Residence Addre	ss (Number and	Street, City. State, Zip C	ode)		
c/o Accel Partners, 16 St.	,				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Richard Dellabarca					•
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
6 Charles Street, Cambri	idge CB1 3LZ, l	Jnited Kingdom			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Mark Moore	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
7 George Street, Cambrid	dge CB4 1AL, U	nited Kingdom		-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Colin Macnab	f individual)	·			
Business or Residence Addre 16268 Camellia Terrace,	•	Street, City, State, Zip C 95032, USA	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Andrew Mark Vought	f individual)			<i>,</i>	
Business or Residence Address 1499 Edgewood Drive, P	-	Street, City, State, Zip C	ode)		

A. Basic Identification Data Additional Names

Director Jon Stuart Castor 2160 Stockbridge Avenue Woodside, CA 94062 USA

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Executive Officer and Director Martin Jackson Wakelands Farm Finchingfield Road, Steeple Bumpstead Haverhill, Suffolk CB9 7EL United Kingdom

Executive Officer Tom Cooper 3635 S. Fort Apache #200-37 Las Vegas, NV 89147 USA

			•		B. 1	NFORMAT	ON ABOL	T OFFERI	NG				
												Yes	No
l. Ha	s the	issuer sol	I. or does t										×
2. W	hat is	the minim	um investn			Appendix		_				\$	
	101 15			nem max	m be acce	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	211) marrie					Yes	No
			permit join										K
cor If a or :	mmiss i perso states,	ion or sim on to be lis list the na	ilar remune ted is an as:	ration for s sociated pe broker or de	solicitation rson or age ealer. If me	of purchasent of a brokers ore than fiv	ers in conne ter or deale e (5) person	ection with r registered ns to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state sons of such		
Full Na	me (L	ast name	first, if ind	ividual)									
Busines	ss or F	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Lip Code)						
Name o	of Asso	ociated Br	oker or De	aler									
States in	n Whi	oh Percor	Listed Ha	e Salicited	or Intends	to Solicit	Purchaeare						
			or check										ll States
Δ.	П	AV	AZ	AD	CA	COL	(CTF)	[DC]	[DC]	[FL]	GA	_	ПŪП
AI II.	=	AK IN	[AZ]	KS	KY	LA]	[CT] ME	DE) MD	MA	MI	MN	MS.	<u>MO</u>
M'	Τ	NE	NV	NII	NJ	NM	NY	NC	ND	OH	OK	OR	PA
R	I	SC	SD	TN	TX	UT	\overline{VT}	VA	WΛ	WV	WI	<u>WY</u>	<u>PR</u>
Full Na	me (L	ast name	first, if ind	ividual)									
Busines	s or	Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)						
Name o	f Asso	ociated Br	oker or De	aler			•						
States in	n Whi	ch Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Cl	heck "	All States	or check	individual	States)						,	☐ Al	1 States
Al	L	AK	AZ	AR	CA	CO	[CT]	DE	[DC]	FL	GA	HI	ĪD
	<u>.</u>	1N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M R		NE SC	NV	NH	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
			SD)	TN :		<u> </u>	VI	(YA)	[WA]		(W1)	W I	
ruii Na	me (L	asi name	first, if ind	(Vidual)									
Busines	s or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name o	f Asso	ociated Br	oker or De	aler									
States in	n Whi	ch Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Cl	heck "	All States	or check	individual	States)				•••••			Al	1 States
Al	L	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	H1	ĪD
II		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M' R		NE SC	(NV)	NH TN	NJ TX	NM UT	NY) VT)	NC VA	ND WA	OH) WV)	OK Wi	OR WY	PA PR

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0.00	\$ 0.00
	Equity		\$ 0.00
	Common Preferred	*	Ψ
	Convertible Securities (including warrants)	s 11,939,177.00	11,939,177.00
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total	11,939,177.00	`
	Answer also in Appendix. Column 3. if filing under ULOE.	-P	\$
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	18	\$_11,939,177.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4. if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security N/A	Sold \$ 0.00
	Ruie 505	N/A	\$ 0.00 \$ 0.00
	Regulation A	N/A	\$ 0.00 \$ 0.00
	Kuie 304		
	Total	·	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	Z	\$_70,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_70,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjuste	d gross	\$11,869,177.00
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estima The payments listed must equal the adjuste	ate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			0.00 \$ 0.00
	Purchase of real estate		-	\$ 0.00
			j <u> </u>	
	Purchase, rental or leasing and installation of mac and equipment	minery	s_0.00	
	Construction or leasing of plant huildings and fac			\$ 0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	\$_0.00	_ _\\$_0.00
	Repayment of indebtedness			\$_0.00
	Working capital			\$ <u>11,869,177.</u> 00
	Other (specify):	· · · - · · ·	\$_0.00	\$0.00
			\$_0.00	
	Column Totals			
	Total Payments Listed (column totals added)			1,869,177.00
		D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the 💘 Securities and Exchange C	Commission, upon writt	ule 505, the following en request of its staff,
Issu	er (Print or Type)	Signature	Date	
Art	imi Inc.	(de Malura.	1/2	3/08
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Rich	ard Dellabarca	Secretary and Chief Financial Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 prese provisions of such rule?			Yes	No ⊠						
	See Ap	pendix, Column 5, for state response.									
2.		The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.										
	uer has read this notification and knows the contents thorized person.	to be true and has duly caused this notice to be	signed on its beha	lf by the	undersigned						
lssuer (Print or Type)	ignature	Date								
Artimi lı	nc.	. XI ddar-	1/23/	108							
Name (Print or Type) T	itle (Print or Type)									
Richard	ichard Dellabarca Secretary and Chief Financial Officer										

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	-1000			Al	PPENDIX				
1	Intendation non-a	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)		5 Disqualification under State UL (if yes, attachexplanation of waiver grante) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No
AL									
AK									
AZ									
AR									
CA		×	Convertible Notes	3	\$1,577,825.0	0	\$0.00		×
СО		r							, —
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DE									
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MD									, -
MA									
MI		1							
MN									
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APPENDIX 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes Investors No Investors Amount Amount Yes No MO MT NE NVNH NJ NM NY NC ND ОН OK OR PA R! SC SD TN TXUT VT VAWAWV

Wi

				APP:	ENDIX								
l		2	3			5 Disqualification							
Adding	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					Type of investor and exp amount purchased in State wait		under St (if yes explan waiver	ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY													
PR													

